



**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES**

**EMT CHANGE AND REQUEST FORM**

**CHECK ALL THAT APPLY:**

NAME CHANGE

☐

ADDRESS CHANGE

☐

REPLACEMENT WALLET CARD

☐

CONTINUING EDUCATION PRINTOUT

☐

**COMPLETE FOR ALL REQUESTS AND CHANGES – CURRENT INFORMATION:**

NAME:

\_\_\_\_\_

MA EMT NUMBER:

\_\_\_\_\_

EXPIRATION DATE:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CITY:

\_\_\_\_\_

STATE:

\_\_\_\_\_

ZIP:

\_\_\_\_\_

DATE OF BIRTH

\_\_\_\_\_

PHONE NUMBER:

\_\_\_\_\_

FAX:

\_\_\_\_\_

EMAIL ADDRESS:

\_\_\_\_\_

**COMPLETE FOR NAME CHANGE**

FORMER NAME:

\_\_\_\_\_

**COMPLETE FOR ADDRESS CHANGE – FORMER ADDRESS:**

ADDRESS:

\_\_\_\_\_

CITY:

\_\_\_\_\_

STATE:

\_\_\_\_\_

ZIP:

\_\_\_\_\_

**COMPLETE FOR CONTINUING EDUCATION PRINTOUT:**

CURRENT PRINTOUT

☐

PAST HISTORY PRINTOUT

☐



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**EMT CHANGE AND REQUEST FORM**

**INSTRUCTIONS**

**COMPLETE ALL APPLICABLE PARTS OF THIS FORM**

**WALLET CARDS**

- EMTs receive an EMT wallet card upon initial certification. Subsequent cards are issued upon completion of recertification requirements. EMTs must have their current EMT card in their possession when staffing an ambulance in the Commonwealth.
- If this Office has misspelled your name, or otherwise listed any information in error, you may use this form to request a new wallet card. Please enter the correct information and return the form to OEMS. Upon receipt of a new card, the incorrect card must be returned to OEMS.
- In the case of name change or damaged cards, you must return the old card as soon as you receive your replacement.

**CONTINUING EDUCATION PRINTOUT:**

If your certification expires in 2005, you will receive a computer printout of your training record in October 2004. Additional copies may be ordered in the following formats:

- CURRENT - lists your continuing education hours and refresher course status within the current certification period. Once you recertify, your current record of continuing education is set back to zero. .
- PAST HISTORY - lists all continuing education and refresher courses from 1983 to present. Totals are not reported and there is no breakdown of credits by recertification period(s). .

Online Search: – all EMTs currently certified by the Massachusetts Department of Public Health can immediately lookup courses for which you have received continuing education credit (and refresher courses passed which accrue zero credits).from January 1994 to 2003 online at: <http://www.mass.gov/dph/oems>

**IMPORTANT:** EMTs MUST keep their own record of continuing education activities for comparison to computer printouts and correction of discrepancies.

**SUBMITTING FORM:**

For Name Changes, this form must be mailed or faxed accompanied by a court order or marriage certificate verifying this change. For all other requests, the form may be emailed, faxed, or mailed:

MAIL TO: Department Of Public Health  
Office Of Emergency Medical Services  
2 Boylston Street, 3<sup>rd</sup> Floor  
Boston, MA 02116

FAX TO: 617-753-7320

EMAIL TO: [oemsforms@dph.state.ma.us](mailto:oemsforms@dph.state.ma.us)